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APR 2 2 2015



S.D. SEC. OF STATE State of South Dakota - Statement of Organization Candidates, Political Action or Ballot Question Committees

| Full Name of Committee: SD A | ssociation of Healthcare (| Organizations Political A | Action Committee | | | |
|--|--|---|---------------------------------------|--|--|--|
| 3708 W Brooks Place; Sioux Falls SI | 57106 | | | | | |
| Committee Street Address | | | | | | |
| 3708 W Brooks Place; Sioux Falls SI | 57106 | | | | | |
| | | | | | | |
| | Angelia K Svihovec 605-845-8105 | | | | | |
| Name of Chair | Chair (| Daytime Telephone # | | | | |
| 1401 10th Avenue W, Mobridge | SD 57601 PO | Box 580, Mobridge | SD 57601 | | | |
| Chair Street Address | Chair F | Postal address (if different) | | | | |
| asvihovec@primecare.org | | | | | | |
| Chair E-Mail Address | Organi | zation Web Site Address (Optio | nal) | | | |
| You must list the name, street address, posts maintained by or for the benefit of the filing | al address and telephone num organization. | ber of each financial institut | ion where an account or depository is | | | |
| Name of Financial Institution | Street and Postal Address | | Telephone Number | | | |
| Great Western Bank | 2101 W 41st Street; Sio | oux Falls SD 57105 | 605-334-2548 | | | |
| Oliver. | | | | | | |
| | | | | | | |
| Check box if committee chairman is also same, you are not required to fill out trea Scott A Duke Name of Treasurer 3708 W Brooks PI; Sioux Falls SD 57 | surer related fields. | if you are a political action committee or a ballot question committee, you must list the full name, street address, and postal address of the organization with which the committee is connected or affiliated, or if the committee is not connected or affiliated with any one organization, the trade, profession, or primary interest of the committee. South Dakota Association of Healthcare Organizations | | | | |
| Treasurer Street Address | | Name of Affiliated Organization | | | | |
| 3708 W Brooks PI; Sioux Falls SD 57 | 106 | × | | | | |
| Treasurer Postal Address | dayof | 3708 W Brooks Place; Sioux Falls SD 57106 | | | | |
| scott.duke@sdaho.org | and do | Organization Address | | | | |
| Treasurer E-Mail Address | 1 | Health Care | | | | |
| 605-361-2281this | J. J. Jahar | Trade, Profession, or primary interest of the committee | | | | |
| 605-361-2281 Treasurer Daytime telephone # Filed this | LESTATE STATE | Check here if your committee is incorporated under federal or state laws for liability purposes only. | | | | |
| | CRETARY OF | | | | | |
| If Candidate Committee, please note office being so Promote & strive for the improvement of government by candidates for elective state & county offices of the probof the health care industry to contribute to the support of If Political Action Committee or Ballot Question Committee | ought. encouraging members of the health elems & goals of the health care indu candidates for state & county office | Politica care industry in SD to take a moi stry. Provide the opportunity for in swho will work for the principles | | | | |
| If Political Action Committee or Ballot Question Cor | nmittee, please provide a stateme | ent of your purpose and goals. | minor are incustry is dedicated. | | | |
| | | | | | | |
| If Ballot Question Committee, Ballot Question number | per or letter | Supporting? | Opposing? | | | |

State law requires statewide and legislative candidate committees, political action committees (PAC) and bailot question committees to register with the Secretary of State. Candidate committees must register within fifteen days after becoming a candidate. Candidate committees that have not already filed a statement of organization, PACs and ballot question committees must register not later than fifteen days after the date upon which the committee made contributions, received contributions or paid expenses in excess of five hundred dollars unless such activity falls within thirty days of any statewide election in which case the statement of organization shall be filed within forty-eight hours.

The following verification must be completed before submitting statement.

VERIFICATION OF PERSONS MAKING REPORT

| We | Angelia K Svihovec | and Scott A Duke | _ (print both names legibly), certify that we have examined |
|------|--|--|--|
| this | statement and to the b nd that failure to timely consible for filing to a ci | est of our knowledge file any statement, am | and belief it is true, correct and complete. We also under- endment, or correction required subjects the treasurer ars per day for each day that the statement remains delin- |
| | 4/21/15 Date | Signature of Treasurer | Who was a second |

The candidate or treasurer of a political committee shall file an updated statement of organization not later than fifteen days after any change in the information contained on the most recently filed statement of organization.

County, municipal and school candidates file with the person in charge of the local election.

Statewide and legislative candidate committees, political action committees (PAC) and ballot question committees to register with the Secretary of State at:

Secretary of State, Elections Department 500 East Capitol Ave., Ste 204 Pierre, SD 57501 or fax to 605-773-6580 or e-mail to cash@state.sd.us

Fax and email images must contain the signature(s) and the original must be filed in our office within one week following the date the fax/email was received.

| For Office Use Only: | | | |
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